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ABSTRACT

Research on helping behavior has focused on help to elderly individuals rather than help by elderly individuals. To investigate the determinants and consequences of helping by older adults, 117 adults, from five Detroit senior citizen residences, with a mean age of 75.6 (67 percent female) completed a personal/demographic questionnaire, including such items as health, finances, and environmental information; the Modified Self-Report Altruism Scale; the Coopersmith Self-Esteem Inventory; and the Philadelphia Geriatric Morale Scale. An analysis of the results showed that older adults do engage in helping behavior and that providing help to others is often the source of considerable satisfaction. Antecedents of helping behavior were health, finances, age, education, occupation, and race, with blacks reporting more helpfulness than whites. Facets of the residential context related to helping were availability of opportunity to provide volunteer service, convenience, owning a car, similarity in ethnic backgrounds, and sense of safety and security. Helping behavior was significantly related to self-esteem and social integration. (Several figures depict the conceptual model of helping by the elderly upon which the study predictions were based.) (BL)

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Some Determinants and Consequences of Helping by the Elderly

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This paper reports results of an initial investigation based on a conceptual model, proposing that helping may be a fruitful coping strategy during late life. 117 elderly residents of senior citizens' apartments were surveyed regarding their helping behavior, and about proposed personal, situational and contextual antecedents, as well as psychosocial outcomes. Results indicated that the elderly do engage in helping, and that providing help to others is often the source of considerable satisfaction. Furthermore, among the strongest results of helping for the elderly were the enhancement of social bonds, and subjective social integration.

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This study was designed to explore personal, environmental and situational antecedents, as well as characteristics and psychosocial outcomes of helping by the elderly. As the literature on altruism and helping primarily deals with helping among younger age groups (cf. Midlarsky, 1980; Midlarsky & Suda, 1978; Eisenberg, 1982; Staub, 1979), this is one of the first studies to assess the generality of theories of altruism to older persons (Stewart & Smith, in press; Midlarsky & Kahana, in press). Indeed, while helping behaviors by others toward the elderly have been the subject of numerous investigations (Langer, 1980), there have been almost no studies systematically exploring prosocial behavior among older persons, despite the importance of this construct in developmental and social psychology, and its potential relevance for the aged (Midlarsky & Kahana, 1981a, b; Kahana & Midlarsky, 1982; Prohaska & McAuley, 1982).

In this investigation, helping was conceptualized as denoting a wide range of behaviors, both normative and altruistic in nature (cf. Rosenhan, 1970; Midlarsky, 1968). We also aimed to assess the relationship of these variables to outcomes of particular relevance to psychosocial well-being of the elderly. The predictions in this study were based on a model regarding the proposed direction of causation among the variables under consideration. The conceptual scheme guiding the study's objectives is depicted in Figure 1.

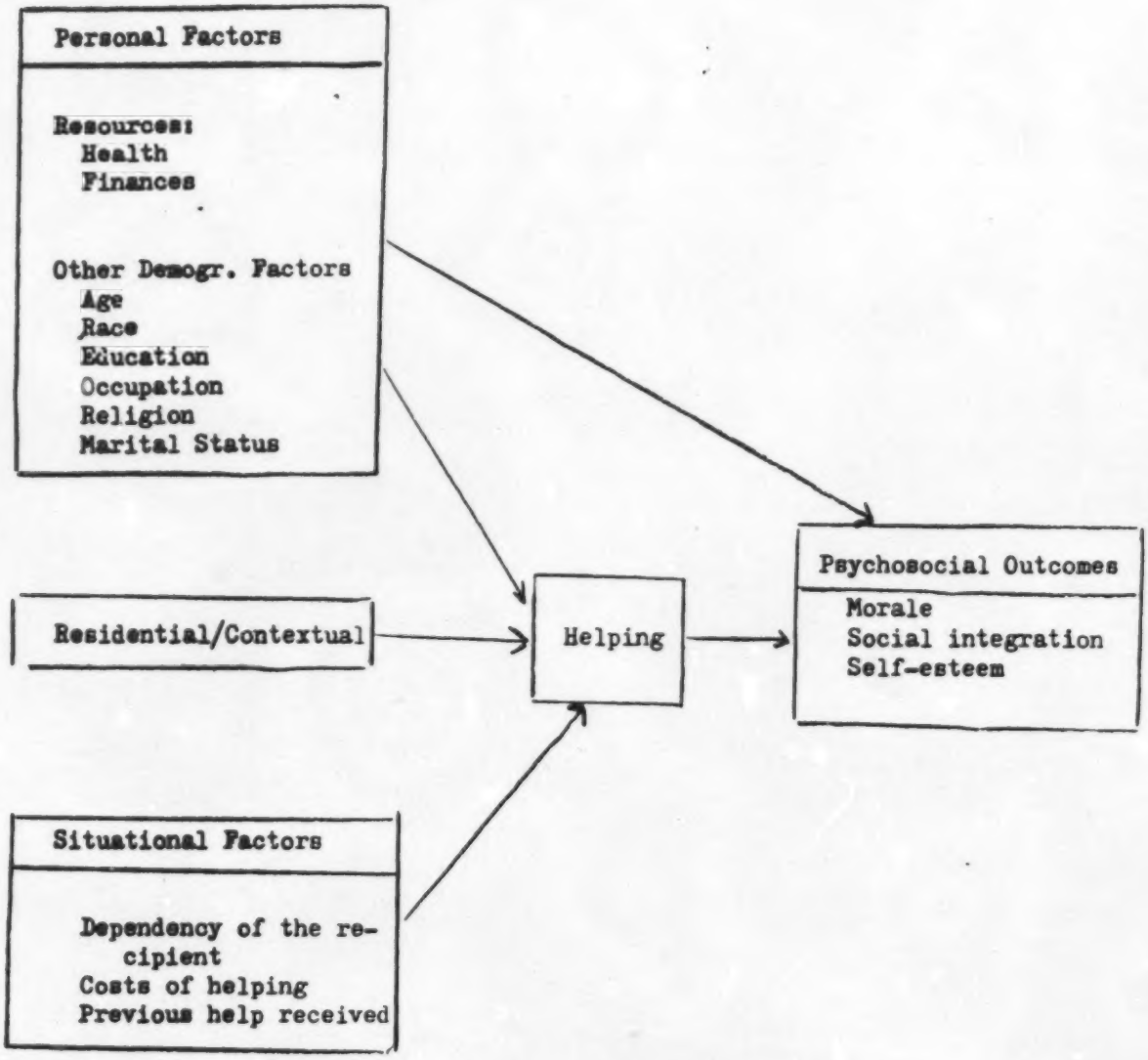

Figure 1. Model of helping by the elderly

In the model presented in Figure 1, it was proposed that personal resources (health and finances), demographic factors (e.g., age), residential/ contextual and situational factors would predict helping behavior among the aged. Helping in turn was viewed as directly affecting psychosocial outcomes defined by morale and self-esteem. It was also predicted that a likely outcome of helping was the increased sense of social integration with others.

The relationship between helping others and positive psychosocial outcomes was predicted on the basis of several previous lines of theory and empirical data. For example, Riessman (1976) has indicated that helpers may themselves obtain certain therapeutic benefits, including feelings of decreased dependence and social usefulness, while Pressey (1975) stated that elderly altruists appear to maintain independence and positive adjustment. In addition, Wentowski (1981) has presented evidence that the preservation of self-esteem and maintenance of social networks was enhanced when older persons had opportunities to help others, and particularly to redress any obligations that they incurred by accepting help from others.

Method and Procedures

Sample. One hundred seventeen elderly persons were randomly sampled from five residences for senior citizens in the Detroit metropolitan area, with the restriction that respondents be physically mobile, and not housebound. The range of ages was from 62 to 101, with a mean of 75.6. Slightly over two-thirds were female, 8% were black, and diverse religious and ethnic groups were represented.

Measures. This survey research project employed a questionnaire that took one hour to administer. For purposes of analysis, age and education were

entered in raw form, and occupation was coded in accordance with categories derived from Hollingshead and Redlich (1958). Race was coded black, white and other, whereas marital status comprised married, widowed, divorced, never married and other. Health status was measured by a version of Rosow's (1967) Health Scale as modified by Kahana (1974). Cronbach's coefficient alpha for the scale was .63. The Evaluation of Financial Adequcy was used as a measure of perceived financial status (Liang, Dvorkin, Kahana & Mazian, 1980), and Cronbach's alpha for this scale was .92. Because of the hypothesized relationships between the characteristics of senior residences with helping and psychosocial outcomes (cf. Carp, 1976; Rosow, 1967), an environmental assessment by respondents was developed and included. This measure includes a number of Likert-like items on aspects of the environment found or theorized by other researchers to be related to helping --e.g., noise level, crowding, privacy and the like (Craik, 1973; Russell & Ward, 1982).

Because of the centrality of helping, several measures were used. For purposes of this summary we will discuss findings on two of the measures. One, the Modified Self-Report Altruism Scale (MSRAS) was adapted from a measure developed for use with younger persons (Rushton, Chrisjohn & Fekken, 1981). Cronbach's alpha for the scale was .84. The second measure consisted of the summation of responses to two Likert-scaled items, regarding the amount of help and time spent helping in the past year. The situational variables, regarding perceived dependency of the recipients, costs of helping, and previous help received were measured by responses to Likert-scaled items.

Primary outcome measures were the Coopersmith Self-Esteem Inventory (Coopersmith, 1967), the Philadelphia Geriatric Morale Scale (Lawton, 1975), and a social integration scale in which respondents were asked about relationships with neighbors, friends, family and the broader community. Cron-

bach's alpha coefficients for the outcome measures were .72, .92 and .63, respectively.

Results and Discussion

The variables included in the model presented in Figure 1, and amended with the addition of variables regarding the residential context, were analyzed using hierarchical regression in a path analytic framework (Duncan, 1966).

Because of the diverse quantitative measures of helping used in this study, two separate path analyses were conducted. In one, the measure of helping was the Modified Self-Report Altruism Scale (MSRAS), and in the second, the measure was the sum of responses to two questions: a) about the amount of help given in the past year, plus b) the time spent in helping. Hence, the two measures of helping were the weighted sum of activities in which the elderly persons engaged (MSRAS scores), and the respondents' judgment of time and amount committed to helping activities.

Figures 2 and 3 present the variables organized within a causal order. Figure 2 presents results of analyses in which the measure of helping was the weighted sum of amount helped and time spent helping. As examination of the figure indicates, personal/demographic factors increasing the probability of helping were health and education, whereas age was inversely related to helping. Facets of the residential context related to helping were the availability of opportunities to provide service as a volunteer, the convenience of recreational facilities, the likelihood that residents own and drive cars, similarity of ethnic/cultural backgrounds among residents, and the feeling of safety and security within the residence. The costs of helping were negatively associated with helping, as predicted on the basis of prior research (Midlarsky & Midlarsky, 1973;

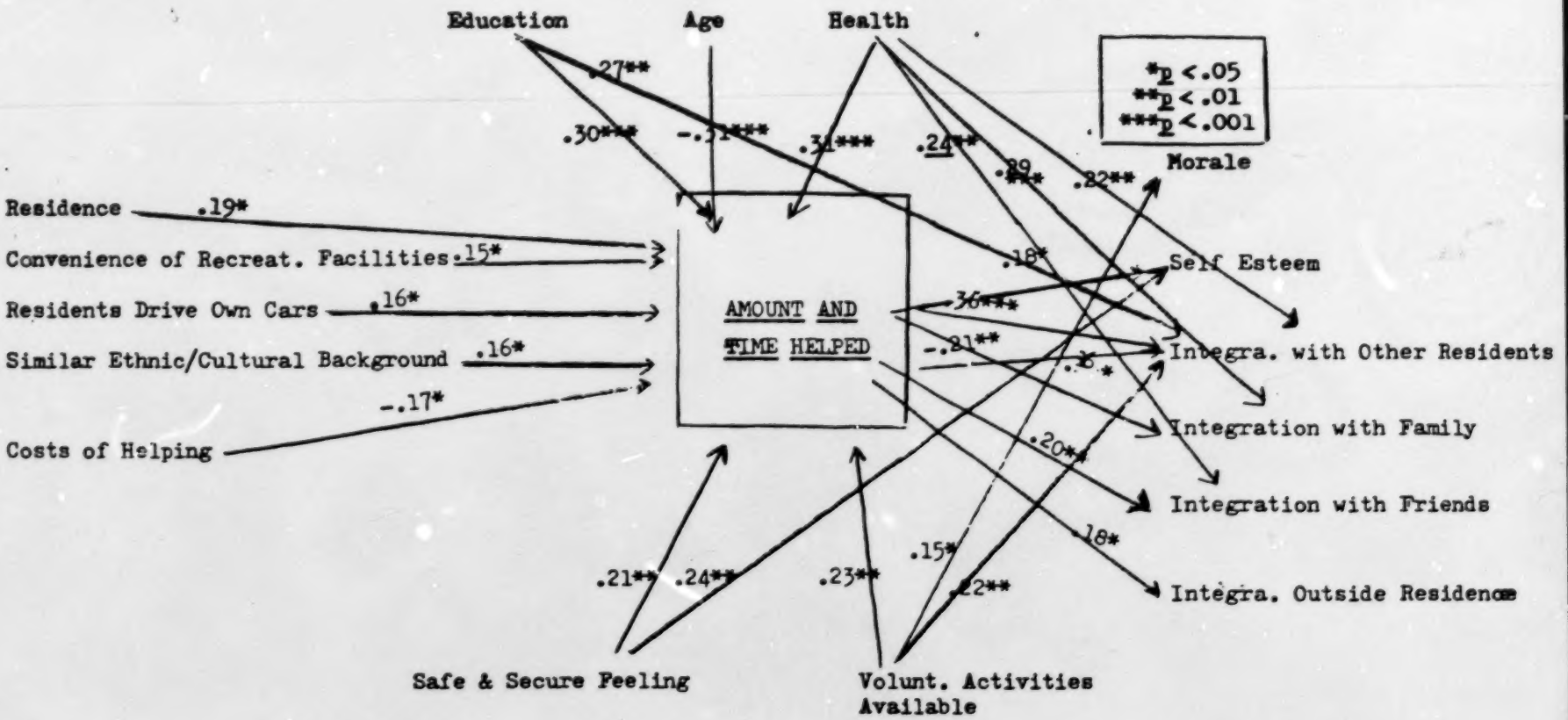

Figure 2. Path diagram of antecedents and outcomes of amount and time helped.

Piliavin, Dovidio, Gaertner & Clark, 1981).

Helping measured in terms of amount and time helped was significantly related to helping as measured by the MSRAS ($r = .42$, $p < .001$). It was also positively associated with certain of the proposed outcomes of helping. That is, helping was significantly related to self-esteem, and to four separate components of subjective social integration: the sense of integration with other residents, with family members, with persons outside the residence, and with friends.

Figure 3 presents results of the analysis in which the Modified Self-Report Altruism Scale was the measure of helping behavior. Personal antecedents of helping measured by this scale were health, finances, age, education, occupation and race (with blacks reporting more helpfulness). The availability of volunteer activities was significantly associated with helping, as were the convenience of medical facilities and stores, the probability that residents would live there permanently, the feeling of safety, degree of noisiness and crowding (more helping occurred where there was less perceived noise and crowding), the presence and number of group activities, and the social climate of involvement in the residence (see Moos, 1974). Among the situational variables, recipient dependency was a direct precursor of help, whereas costs were inversely related to help, as predicted.

In this analysis, subjective social integration was enhanced among respondents with higher perceived financial adequacy who were also helpers. The sense of subjective social integration with other residents was significantly enhanced for those elderly persons who were helpers, and self-esteem was higher among those elderly respondents who reported that they received help from others, but also were themselves helpers. Hence, as others have suggested (Wentowski,

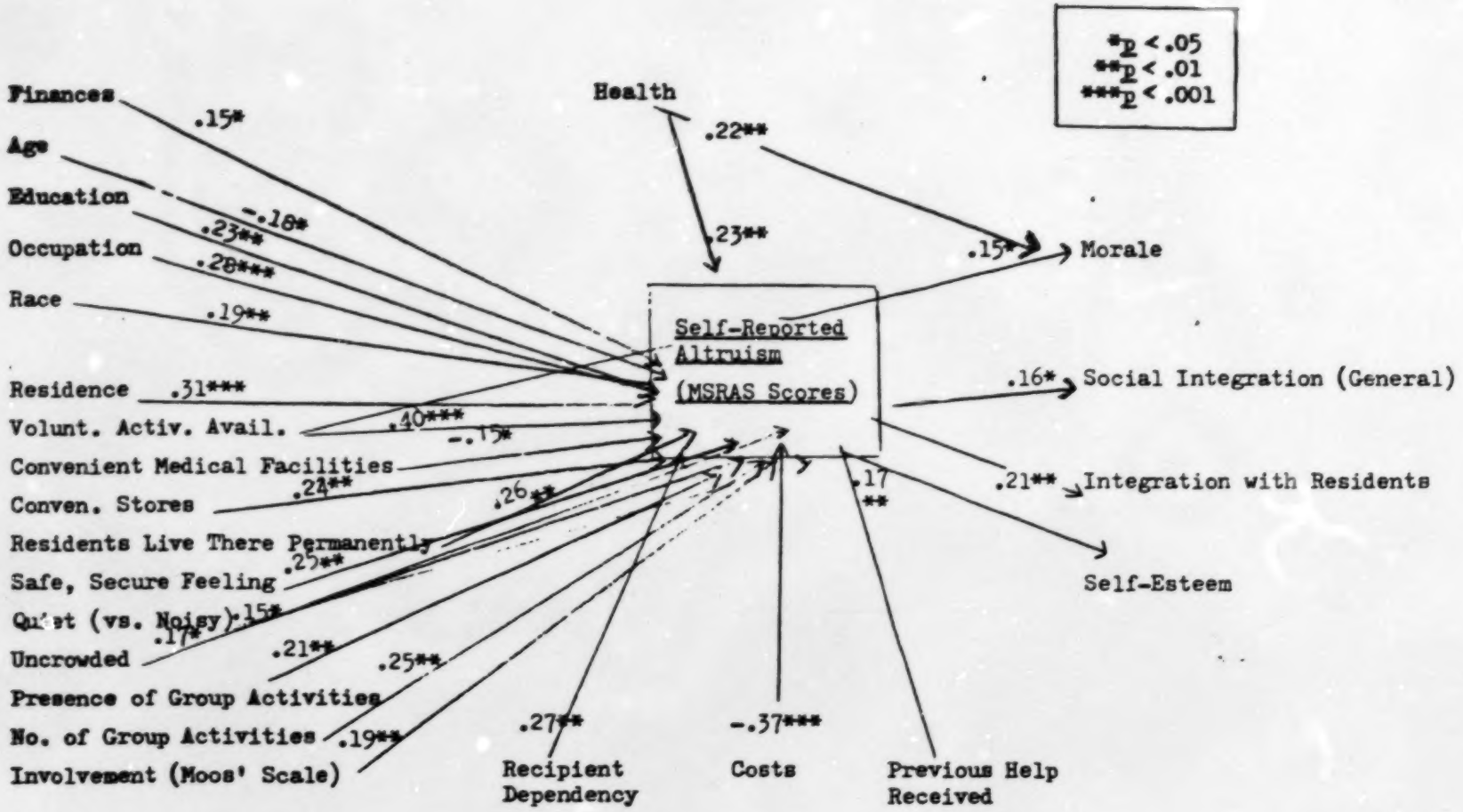

Figure 3. Path diagram of antecedents and outcomes of self reported helping on Modified Self-Report Altruism Scale (MSRAS)

1981; Midlarsky & Kahana, 1981a, b), elderly persons who have been recipients may more readily maintain social bonds if they have opportunities to be helpers, as well.

While the summary score on the MSRAS was not significantly related to morale, certain types of helping were. These included looking in on someone sick, allowing someone ahead on line, letting a neighbor borrow something of value, and giving advice.

In considering the results of path analyses using two alternative indices of helping behavior, it is noteworthy that there was considerable overlap observed among significant predictors. This pattern provides a measure of validation for the causal sequence of personal and environmental antecedents of helping and morale. Nevertheless, our findings also revealed systematic differences in predictors of diverse outcome variables.

Thus, self-esteem was found to be associated with engaging in certain kinds of helping, some of the types being those which are emitted with lesser frequency than some others. So, for example, self-esteem was significantly associated with the especially rare acts of donating blood and giving advice. Other helping acts associated with self-esteem were giving money to charity, pointing out an undercharge at the store, and offering to help a frail or handicapped person across the street. People with higher self-esteem were also most likely to believe that the amount that they gave during the past year was just the right amount, and that their helping was not much different than it was earlier in their lives.

In sum, the results of this study provide a fair modicum of support for the hypothesized relationships among personal, environmental and situational antecedents of helping, and of relationships between helping and positive psychosocial outcomes among the elderly.

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